

may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 22 hours after death.

1125

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1113

1. PLACE OF DEATH a. COUNTY SOMERSET MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY SOMERSET			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EDW. W. MCCREADY MEMO. HOSP.				d. STREET ADDRESS 1 204 PAPER STREET			
3. NAME OF DECEASED (Type or print) First WILLIAM Middle CAMPBELL Last CAMPBELL				4. DATE OF DEATH JANUARY 24 19 61			
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-8-1905	9. AGE (In years last birthday) 55 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ISAAC CAMPBELL				14. MOTHER'S MAIDEN NAME MARY HARCUM			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT GLADYS CAMPBELL, CRISFIELD, MD.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying</u> cause last. (b) Arterio sclerotic myocardial DUE TO (c) failure						INTERVAL BETWEEN ONSET AND DEATH 5 min - years.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from 1-24-61 to 1-24-61 19, that (I) (we) last saw the deceased alive on 1-24-61 19, and that death occurred at 11:20 AM from the causes and on the date stated above.							
22a. SIGNATURE C. G. Rawley				22b. DATE 1-25-61		22c. SIGNATURE C. G. RAWLEY, M.D.	
22d. ADDRESS CRISFIELD, MARYLAND				22e. REC'D BY REGISTRAR JAN 30 '61		22f. REGISTRAR'S SIGNATURE Arthur L. Hume	
23a. BURIAL, CREMATION, REMOVAL (Specify) Jan 28, 1961		23b. DATE THEREOF		23c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery		23d. LOCATION (City, town, or county) (State) CRISFIELD MD.	
24. FUNERAL DIRECTOR'S SIGNATURE Anthony E. Ward				24a. ADDRESS 1133 1/2 St. Crisfield MD.		24b. DATE JAN 30 '61	

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EXHIBIT 111

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1126

01115

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield				c. LENGTH OF STAY IN 1b Lifetime			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 12 Walnut St.				d. STREET ADDRESS 12 Walnut St.			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First MARY Middle EDITH Last CHARNICK				4. DATE OF DEATH Month January Day 22 Year 1961			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 24, 1873	
9. AGE (In years last birthday) 87 yrs.		IF UNDER 1 YEAR Months 87 Days 87 Hours 87 Min.		IF UNDER 24 HRS. Months 87 Days 87 Hours 87 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Processing				10b. KIND OF BUSINESS OR INDUSTRY Seafood		11. BIRTHPLACE (State or foreign country) Crisfield, Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME John Horsey				14. MOTHER'S MAIDEN NAME Mary Lawson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 213-10-7269		17. INFORMANT Address Edward Lee Charnick-12 Walnut St.-Crisfield, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO 4200 Conditions, if any, which gave rise to immediate cause (c), stating the <u>underlying</u> cause lost. (b) Arteriosclerotic Heart Disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Dissecting aneurysm of bifurcation of Aorta - 24 hrs before death INTERVAL BETWEEN ONSET AND DEATH 30 min 1 hour 7 1/2 years							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that (I) (this hospital) attended the deceased from 8/2 19 54 to 1/24 19 61 , that (I) (we) last saw the deceased alive on 1/23 19 61 , and that death occurred at 5:00 PM from the causes and on the date stated above.							
22a. SIGNATURE A. N. Barr, M.D.				22b. DATE SIGNED 1/24/60			
22c. PHYSICIAN'S NAME (Type) A. N. Barr, M.D.				22d. ADDRESS Main St.--Crisfield, Md.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE THEREOF Jan. 26, 1961		23c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery	
23d. LOCATION (City, town, or county) Crisfield, Md.				(State)			
24. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md.				25a. REC'D BY REGISTRAR Jan 30 '61		25b. REGISTRAR'S SIGNATURE William S. Thomas	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1127

1114

1. PLACE OF DEATH a. COUNTY SOMERSET MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE VIRGINIA b. COUNTY ACCOMAC	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TANGIER	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EDW. W. MCCREADY MEMO. HOSP.		d. STREET ADDRESS 83X	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH L CHARNOCK		4. DATE OF DEATH Month Day Year JANUARY 3 1961	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN-19-1886
9. AGE (In years last birthday) 74 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATERMAN		10b. KIND OF BUSINESS OR INDUSTRY SEAFOOD	
11. BIRTHPLACE (State or foreign country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME WILLIAM CHARNOCK		14. MOTHER'S MAIDEN NAME CATHERINE MOORE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 223-24-2642	
17. INFORMANT Address THOMAS CHARNOCK, TANGIER, VIRGINIA			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Toxic Myocarditis DUE TO 331X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Cerebral Vascular Accident DUE TO Arteriosclerosis & Hypertension (c) Unknown		INTERVAL BETWEEN ONSET AND DEATH 24 hours 19 days Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Mild Diabetes Mellitus, known forty years.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from 12/15 19 60 to 1/3 19 61 , that (I) (we) lost the deceased alive on 1/3 19 61 , and that death occurred at 3:25 PM from the causes and on the date stated above.			
22a. SIGNATURE A. N. Barr, M.D.		22b. DATE SIGNED 1/5/61	
22c. PHYSICIAN'S NAME (Type) A. N. BARR, M.D.		22d. ADDRESS CRISFIELD, MARYLAND	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE THEREOF 1-6-61	
23c. NAME OF CEMETERY OR CREMATORY First Methodist		23d. LOCATION (City, town, or county) (State) TANGIER VA	
24. FUNERAL DIRECTOR'S SIGNATURE L. J. Webster		25a. REC'D BY REGISTRAR DATE JAN 12 '61	
ADDRESS CRISFIELD MD		25b. REGISTRAR'S SIGNATURE Arthur S. Kraus	

RECEIVED

1911

(11)

WILLIAM G. HARRIS

1911

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

112 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

01116

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Marion			c. LENGTH OF STAY IN 1b lifetime		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Marion		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d. STREET ADDRESS /		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Laertes Cornelius Cottman				4. DATE OF DEATH Month Jan. Day 12 Year 19 61			
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 10, 1960	
9. AGE (In years last birthday) 6 mos.		IF UNDER 1 YEAR Months 6 Days 		IF UNDER 24 HRS. Hours Min. 		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Westover, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Christopher Cottman				14. MOTHER'S MAIDEN NAME Corrine Smith			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT Address Mrs. Corrine Cottman, Marion, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] <div style="border: 1px solid black; padding: 5px;"> PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> 493X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. </div> <div style="width: 50%;"> DUE TO (b) _____ DUE TO (c) _____ </div> </div> </div>							INTERVAL BETWEEN ONSET AND DEATH Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/>, Inspection <input checked="" type="checkbox"/>, Inquiry <input checked="" type="checkbox"/>, and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE C. G. Rawley				M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED 1/13/61	
EXAMINER'S NAME (Type) C. G. Rawley, M. D.				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Jan. 15, 1961		22c. NAME OF CEMETERY OR CREMATORY John Wesley Cemetery		22d. LOCATION (City, town, or county) (State) Cottage Grove Md.	
23. FUNERAL DIRECTOR'S SIGNATURE James Funeral Home				ADDRESS Princess Anne, Md.		24a. REC'D BY REGISTRAR DATE JAN 19 '61	
24b. REGISTRAR'S SIGNATURE Arthur S. House							

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PH3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

4000214XV2

STATE DEPARTMENT OF HEALTH - BUREAU OF
MEDICAL EXAMINERS' CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Examiner	
10. Signature of Physician		11. Signature of Coroner		12. Signature of Registrar	
13. Signature of Medical Examiner		14. Signature of Assistant Medical Examiner		15. Signature of Nurse	
16. Signature of Pathologist		17. Signature of Anatomist		18. Signature of Radiologist	
19. Signature of Toxicologist		20. Signature of Microscopist		21. Signature of Bacteriologist	
22. Signature of Chemist		23. Signature of Biologist		24. Signature of Zoologist	
25. Signature of Botanist		26. Signature of Geologist		27. Signature of Astronomer	
28. Signature of Meteorologist		29. Signature of Physicist		30. Signature of Mathematician	
31. Signature of Engineer		32. Signature of Architect		33. Signature of Lawyer	
34. Signature of Judge		35. Signature of Minister		36. Signature of Teacher	
37. Signature of Student		38. Signature of Worker		39. Signature of Farmer	
40. Signature of Merchant		41. Signature of Soldier		42. Signature of Sailor	
43. Signature of Pilot		44. Signature of Doctor		45. Signature of Nurse	
46. Signature of Pharmacist		47. Signature of Dentist		48. Signature of Veterinarian	
49. Signature of Priest		50. Signature of Monk		51. Signature of Nun	
52. Signature of Bishop		53. Signature of Cardinal		54. Signature of Pope	
55. Signature of King		56. Signature of Queen		57. Signature of Prince	
58. Signature of Princess		59. Signature of Duke		60. Signature of Duchess	
61. Signature of Marquis		62. Signature of Marchioness		63. Signature of Count	
64. Signature of Countess		65. Signature of Baron		66. Signature of Baroness	
67. Signature of Viscount		68. Signature of Viscountess		69. Signature of Lord	
70. Signature of Lady		71. Signature of Gentleman		72. Signature of Gentlewoman	
73. Signature of Esquire		74. Signature of Miss		75. Signature of Mrs.	
76. Signature of Dr.		77. Signature of Mr.		78. Signature of Sir	
79. Signature of The		80. Signature of His		81. Signature of Her	
82. Signature of Majesty		83. Signature of Grace		84. Signature of Lady	
85. Signature of Sir		86. Signature of Lord		87. Signature of Baron	
88. Signature of Viscount		89. Signature of Count		90. Signature of Marquis	
91. Signature of Duke		92. Signature of Prince		93. Signature of Princess	
94. Signature of Queen		95. Signature of King		96. Signature of Emperor	
97. Signature of Empress		98. Signature of Pope		99. Signature of Cardinal	
100. Signature of Bishop		101. Signature of Monk		102. Signature of Nun	
103. Signature of Priest		104. Signature of Minister		105. Signature of Teacher	
106. Signature of Student		107. Signature of Worker		108. Signature of Farmer	
109. Signature of Merchant		110. Signature of Soldier		111. Signature of Sailor	
112. Signature of Pilot		113. Signature of Doctor		114. Signature of Nurse	
115. Signature of Pharmacist		116. Signature of Dentist		117. Signature of Veterinarian	
118. Signature of Priest		119. Signature of Monk		120. Signature of Nun	
121. Signature of Bishop		122. Signature of Cardinal		123. Signature of Pope	
124. Signature of King		125. Signature of Queen		126. Signature of Prince	
127. Signature of Princess		128. Signature of Duke		129. Signature of Duchess	
130. Signature of Marquis		131. Signature of Marchioness		132. Signature of Count	
133. Signature of Countess		134. Signature of Baron		135. Signature of Baroness	
136. Signature of Viscount		137. Signature of Viscountess		138. Signature of Lord	
139. Signature of Lady		140. Signature of Gentleman		141. Signature of Gentlewoman	
142. Signature of Esquire		143. Signature of Miss		144. Signature of Mrs.	
145. Signature of Dr.		146. Signature of Mr.		147. Signature of Sir	
148. Signature of The		149. Signature of His		150. Signature of Her	
151. Signature of Majesty		152. Signature of Grace		153. Signature of Lady	
154. Signature of Sir		155. Signature of Lord		156. Signature of Baron	
157. Signature of Viscount		158. Signature of Count		159. Signature of Marquis	
160. Signature of Duke		161. Signature of Prince		162. Signature of Princess	
163. Signature of Queen		164. Signature of King		165. Signature of Emperor	
166. Signature of Empress		167. Signature of Pope		168. Signature of Cardinal	
169. Signature of Bishop		170. Signature of Monk		171. Signature of Nun	
172. Signature of Priest		173. Signature of Minister		174. Signature of Teacher	
175. Signature of Student		176. Signature of Worker		177. Signature of Farmer	
178. Signature of Merchant		179. Signature of Soldier		180. Signature of Sailor	
181. Signature of Pilot		182. Signature of Doctor		183. Signature of Nurse	
184. Signature of Pharmacist		185. Signature of Dentist		186. Signature of Veterinarian	
187. Signature of Priest		188. Signature of Monk		189. Signature of Nun	
190. Signature of Bishop		191. Signature of Cardinal		192. Signature of Pope	
193. Signature of King		194. Signature of Queen		195. Signature of Prince	
196. Signature of Princess		197. Signature of Duke		198. Signature of Duchess	
199. Signature of Marquis		200. Signature of Marchioness		201. Signature of Count	
202. Signature of Countess		203. Signature of Baron		204. Signature of Baroness	
205. Signature of Viscount		206. Signature of Viscountess		207. Signature of Lord	
208. Signature of Lady		209. Signature of Gentleman		210. Signature of Gentlewoman	
211. Signature of Esquire		212. Signature of Miss		213. Signature of Mrs.	
214. Signature of Dr.		215. Signature of Mr.		216. Signature of Sir	
217. Signature of The		218. Signature of His		219. Signature of Her	
220. Signature of Majesty		221. Signature of Grace		222. Signature of Lady	
223. Signature of Sir		224. Signature of Lord		225. Signature of Baron	
226. Signature of Viscount		227. Signature of Count		228. Signature of Marquis	
229. Signature of Duke		230. Signature of Prince		231. Signature of Princess	
232. Signature of Queen		233. Signature of King		234. Signature of Emperor	
235. Signature of Empress		236. Signature of Pope		237. Signature of Cardinal	
238. Signature of Bishop		239. Signature of Monk		240. Signature of Nun	
241. Signature of Priest		242. Signature of Minister		243. Signature of Teacher	
244. Signature of Student		245. Signature of Worker		246. Signature of Farmer	
247. Signature of Merchant		248. Signature of Soldier		249. Signature of Sailor	
250. Signature of Pilot		251. Signature of Doctor		252. Signature of Nurse	
253. Signature of Pharmacist		254. Signature of Dentist		255. Signature of Veterinarian	
256. Signature of Priest		257. Signature of Monk		258. Signature of Nun	
259. Signature of Bishop		260. Signature of Cardinal		261. Signature of Pope	
262. Signature of King		263. Signature of Queen		264. Signature of Prince	
265. Signature of Princess		266. Signature of Duke		267. Signature of Duchess	
268. Signature of Marquis		269. Signature of Marchioness		270. Signature of Count	
271. Signature of Countess		272. Signature of Baron		273. Signature of Baroness	
274. Signature of Viscount		275. Signature of Viscountess		276. Signature of Lord	
277. Signature of Lady		278. Signature of Gentleman		279. Signature of Gentlewoman	
280. Signature of Esquire		281. Signature of Miss		282. Signature of Mrs.	
283. Signature of Dr.		284. Signature of Mr.		285. Signature of Sir	
286. Signature of The		287. Signature of His		288. Signature of Her	
289. Signature of Majesty		290. Signature of Grace		291. Signature of Lady	
292. Signature of Sir		293. Signature of Lord		294. Signature of Baron	
295. Signature of Viscount		296. Signature of Count		297. Signature of Marquis	
298. Signature of Duke		299. Signature of Prince		300. Signature of Princess	

1129
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

01117

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Maryland b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shelbtown				c. LENGTH OF STAY IN 1b 2 weeks			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Menzel Nursing Home				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First ARINTHIA Middle ELIZABETH Last DIZE				4. DATE OF DEATH Month January Day 19 Year 1961			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 3, 1872	
9. AGE (In years lost birthday) 88 yrs.		IF UNDER 1 YEAR Months 88 Days 88 Hours 88 Min. 88		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Somerset County, Md.		12. CITIZEN OF WHAT COUNTRY? U S A		13. FATHER'S NAME Samuel Revelle		14. MOTHER'S MAIDEN NAME Druscilla Somers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Carlton E. Dize--Main St., Ext.--Crisfield, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocardial Failure 450.0 DUE TO Interosclerosis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from Jan 10, 1961 to Jan 19, 1961 that (I) (we) last saw the deceased alive on Jan 10, 1961 , and that death occurred at 5:00 A.M. from the causes and on the date stated above.							
22a. SIGNATURE Sarah M. Peyton M.D.				ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED	
22c. PHYSICIAN'S NAME (Type) Sarah M. Peyton, M.D.				22d. ADDRESS Main St.--Crisfield, Md.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Jan. 21, 1961		23c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery		23d. LOCATION (City, town, or county) (State) Crisfield, Md.	
24. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md.				25a. REC'D BY REGISTRAR JAN 23 '61		25b. REGISTRAR'S SIGNATURE Arthur L. Kraus	

ESTIMATES OF DEATH

1159

Year	Age	Sex	White	Colored	Total
1910	10-14	M	100	50	150
1910	10-14	F	120	60	180
1910	15-19	M	110	55	165
1910	15-19	F	130	65	195
1910	20-24	M	120	60	180
1910	20-24	F	140	70	210
1910	25-29	M	130	65	195
1910	25-29	F	150	75	225
1910	30-34	M	140	70	210
1910	30-34	F	160	80	240
1910	35-39	M	150	75	225
1910	35-39	F	170	85	255
1910	40-44	M	160	80	240
1910	40-44	F	180	90	270
1910	45-49	M	170	85	255
1910	45-49	F	190	95	285
1910	50-54	M	180	90	270
1910	50-54	F	200	100	300
1910	55-59	M	190	95	285
1910	55-59	F	210	105	315
1910	60-64	M	200	100	300
1910	60-64	F	220	110	330
1910	65-69	M	210	105	315
1910	65-69	F	230	115	345
1910	70-74	M	220	110	330
1910	70-74	F	240	120	360
1910	75-79	M	230	115	345
1910	75-79	F	250	125	375
1910	80-84	M	240	120	360
1910	80-84	F	260	130	390
1910	85-89	M	250	125	375
1910	85-89	F	270	135	405
1910	90-94	M	260	130	390
1910	90-94	F	280	140	420
1910	95-99	M	270	135	405
1910	95-99	F	290	145	435
1910	100+	M	280	140	420
1910	100+	F	300	150	450
1910	Total	M	2800	1400	4200
1910	Total	F	3200	1600	4800
1910	Total		6000	3000	9000

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

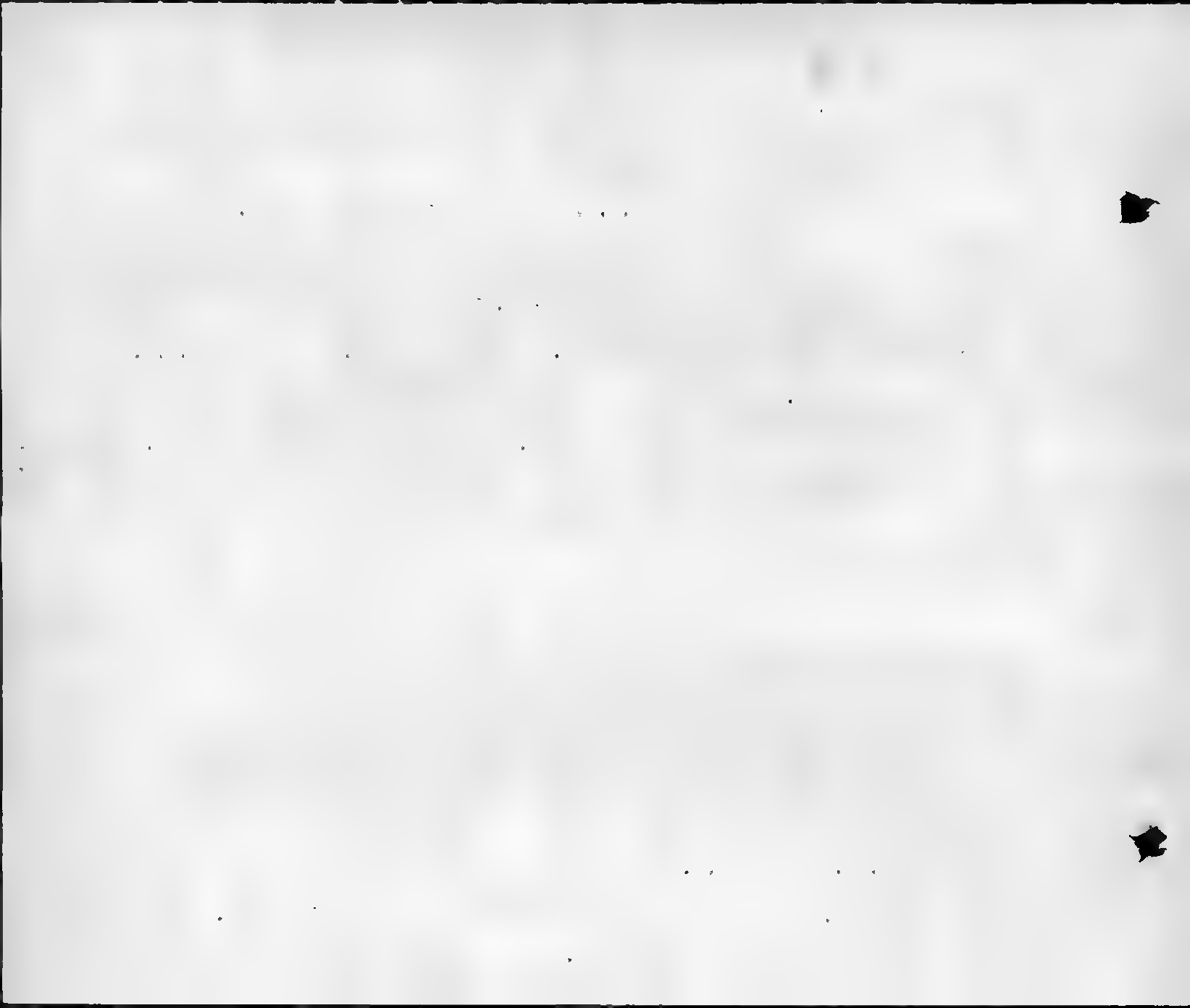
1130 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 61118

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) McCready Hospital (D.O.A.)		d. STREET ADDRESS 121 Richardson Ave.	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First HARRY Middle --- Last EVANS		4. DATE OF DEATH Month January Day 12 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 17, 1883
9. AGE (In years last birthday) 77 yrs.		IF UNDER 1 YEAR Months --- Days --- Hours --- Min. ---	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Coal & Wood Co.	
11. BIRTHPLACE (State or foreign country) Crisfield, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Jesse D. Evans		14. MOTHER'S MAIDEN NAME Rachael Ward	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 220-32-9868A	
17. INFORMANT Mrs. Dora Tawes--121 Richardson Ave.--Crisfield, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) None DUE TO (c) --- PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). ---			
INTERVAL BETWEEN ONSET AND DEATH Instantaneous			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE C. G. Rawley		DATE SIGNED 1/13/61	
EXAMINER'S NAME (Type) C. G. Rawley, M.D.		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Jan. 14, 1961	22c. NAME OF CEMETERY OR CREMATORY Crisfield Cemetery	22d. LOCATION (City, town, or county) (State) Crisfield, Md.
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md.		24a. REC'D BY REGISTRAR JAN 20 '61	
		24b. REGISTRAR'S SIGNATURE C. J. L. Hines	

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Page 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.



TO HOSPITAL: ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be removed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove the death certificate from the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

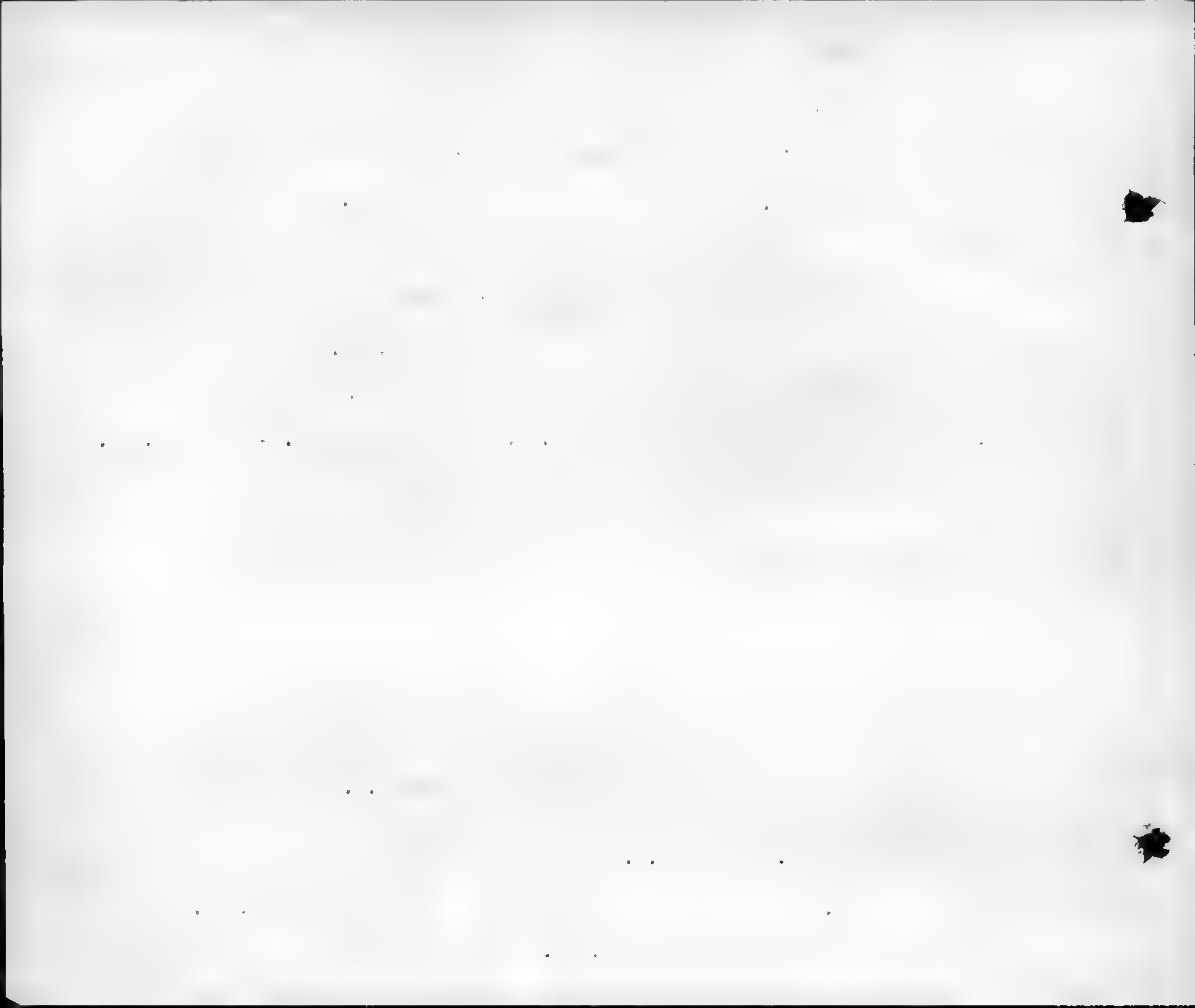
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1132

01116

1 PLACE OF DEATH a. COUNTY Somerset MARYLAND		2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE Maryland b. COUNTY Somerset	
b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b Lifetime	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 34 Main St.		d. STREET ADDRESS 34 Main St.	
3. NAME OF DECEASED (Type or print) First OLEVIA Middle M. Last GIBSON		4. DATE OF DEATH Month January Day 19 Year 1961	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 3, 1870
9. AGE (In years last birthday) 90 yrs.		10. IF UNDER 1 YEAR Months 90 Days 0 Hours 0 Min 0	11. IF UNDER 24 HRS Hours 0 Min 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Crisfield, Md.
12. CITIZEN OF WHAT COUNTRY? U S A		13. FATHER'S NAME William Batts	
14. MOTHER'S MAIDEN NAME Burnetta Sterling		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. None		17 INFORMANT Address L. C. Gibson--7 Main St.--Crisfield, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis DUE TO (b) Heart Failure DUE TO (c) Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 3 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21 I certify that (I) (this hospital) attended the deceased from Jan. 19, 1961 to Jan. 19, 1961 , that (I) (we) last saw the deceased alive on Jan. 19, 1961 and that death occurred at 4:00 P.M. from the causes and on the date stated above.			
22a. SIGNATURE Sarah M. Peyton		22b. DATE SIGNED	
22c. PHYSICIAN'S NAME (Type) Sarah M. Peyton, M.D.		22d. ADDRESS	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF Jan. 22, 1961	23c. NAME OF CEMETERY OR CREMATORY Crisfield Cemetery	23d. LOCATION (City, town, or county) (State) Crisfield, Md.
24. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md.		25a. REC'D BY REGISTRAR Jan 23 '61	
25b. REGISTRAR'S SIGNATURE William L. House			



1133

CERTIFICATE OF DEATH

Reg. Dist. No.

13120

1. PLACE OF DEATH a. COUNTY <u>SOMERSET</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>SOMERSET</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>CHANCE</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>CHANCE</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>AT HOME</u>				d. STREET ADDRESS _____			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Middle Last <u>CALVIN T. GLADDEN</u>				4. DATE OF DEATH Month Day Year <u>JAN 10 1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 5 - 1872</u>	9. AGE (In years last birthday) <u>88</u> yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SALES MAN</u>		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>GEORGE GLADDEN</u>				14. MOTHER'S M maiden NAME <u>ELIZABETH SHORES</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>CARRIE GLADDEN - CHANCE MD</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Insufficiency</u> <u>420-1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 hrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Chronic Cystitis</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) _____ (County) _____ (State) _____							
21. I certify that I attended the deceased from <u>April 15, 1956</u> , to <u>Jan 10, 1961</u> , that I last saw the deceased alive on <u>Jan 4, 1961</u> , and that death occurred at <u>1:30 PM</u> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>Edison G. D. [Signature]</u> M.D.				ADDRESS (Street, city or town, state) <u>Princess Anne, Md</u>			
PHYSICIAN'S NAME (Type) <u>Edison G. D. [Signature]</u>				DATE SIGNED <u>Jan 11/61</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>JAN. 12 - 1961</u>		22c. NAME OF CEMETERY OR CREMATORY <u>ROCK CREEK</u>		22d. LOCATION (City, town, or county) (State) <u>CHANCE MD</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>L. G. Webster</u> ADDRESS <u>Deal Island, Md</u>				24a. REC'D BY REGISTRAR <u>JAN 16 '61</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur S. [Signature]</u>	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



Reg. Dist. No. 1212

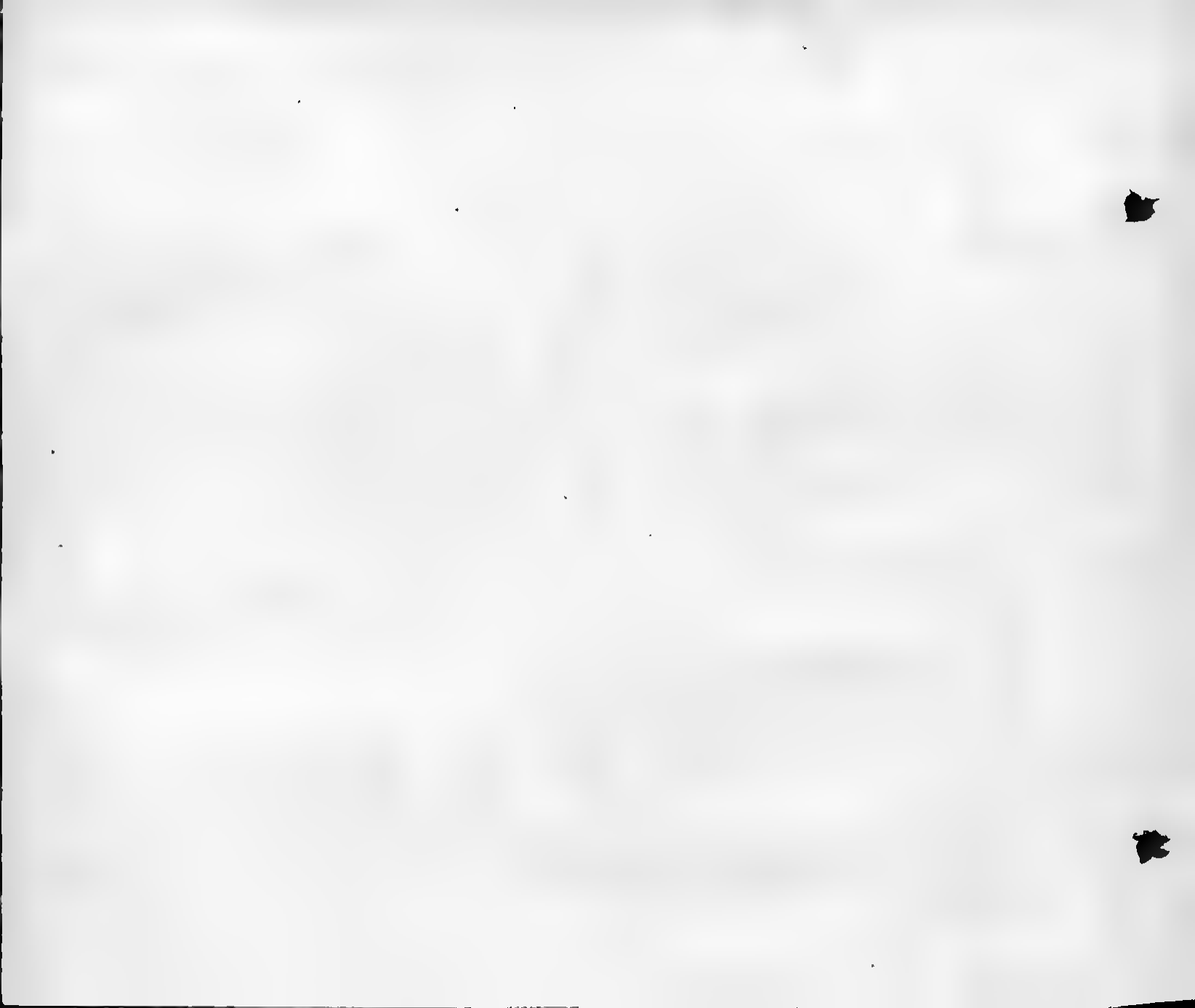
CERTIFICATE OF DEATH

Reg. Dist. No. 1212

1. PLACE OF DEATH a. COUNTY Princess Anne		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Princess Anne	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne		c. LENGTH OF STAY IN 1b Life Time		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne		d. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS R. D.			
3. NAME OF DECEASED (Type or print) First Middle Last Nutter Hall		4. DATE OF DEATH Month Day Year I 3 1961					
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/25/1903	9. AGE (In years last birthday) yrs. 57	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Robert Hall		14. MOTHER'S MAIDEN NAME Bertha James					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. [blank]		17. INFORMANT Sallie Turnbull, Princess Anne, R. D.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 332x DUE TO Cerebral Thrombosis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b) Hypertension DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 5 days 4 yrs					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Dec 24, 1960, to Jan 3, 1961, that I last saw the deceased alive on Jan 2, 1961, and that death occurred at 4:10 AM, from the causes and on the date stated above.		ADDRESS (Street, city or town, state) 20 Prince William St, Calverton, Maryland		DATE SIGNED Jan 4, 1961			
ACTUAL SIGNATURE B. Frank Giganti		PHYSICIAN'S NAME (Type) B. FRANK GIGANTI					
22a. BURIAL, CREMATION, or REMOVAL (Specify) Burial		22b. DATE THEREOF 1/3/61		22c. NAME OF CEMETERY OR CREMATORY St Mark		22d. LOCATION (City, town, or county) (State) Calverton, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE William J. James		ADDRESS Princess Anne, Md		24a. REC'D BY REGISTRAR DATE JAN 9 '61		24b. REGISTRAR'S SIGNATURE Arthur S. Smith	

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

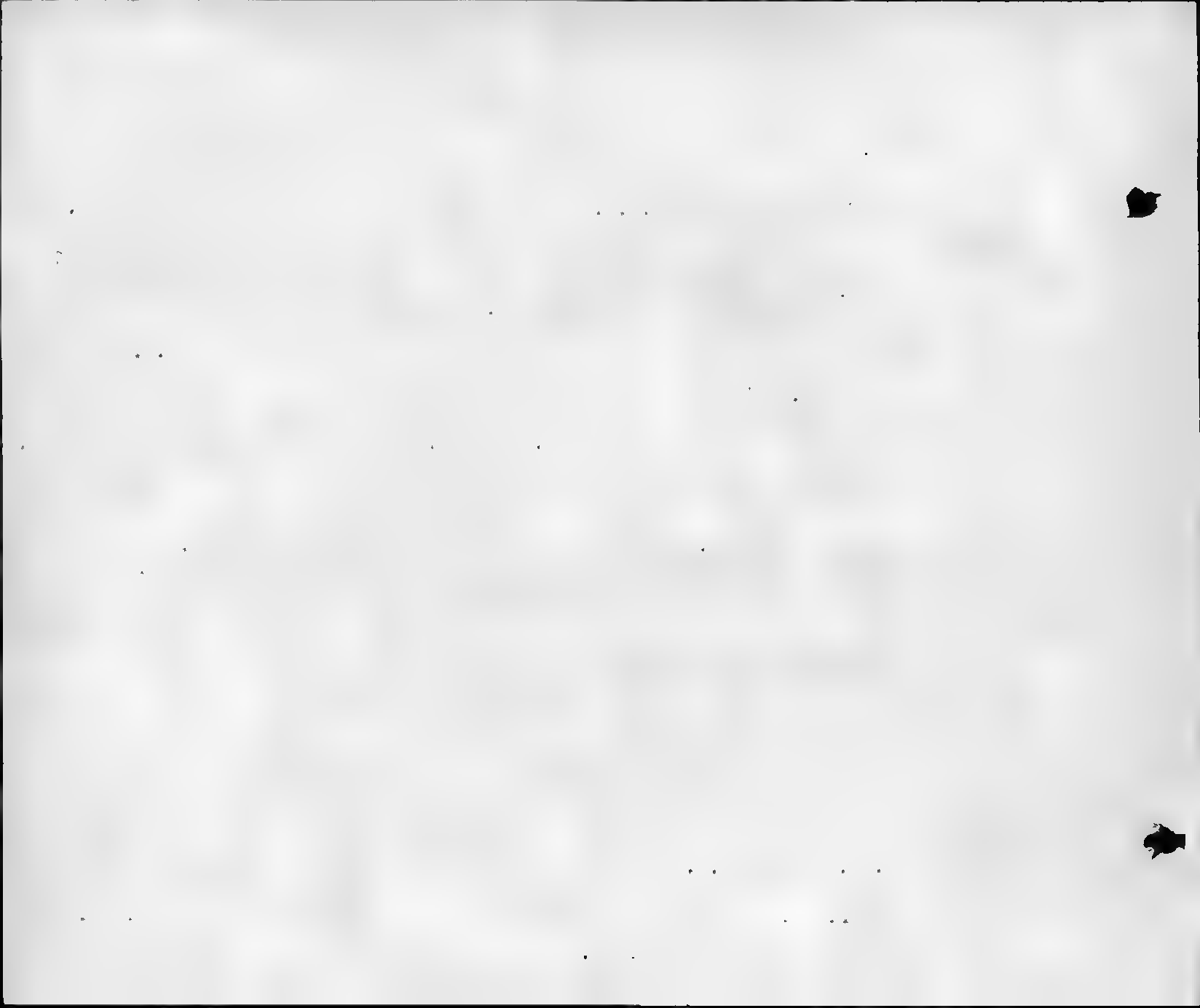
1135 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 1112

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b None		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tylerton		d. STREET ADDRESS Smith Island	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) McCreedy Hospital (D.O.A.)				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First WILLARD Middle ORVILLE Last LAIRD				4. DATE OF DEATH Month January Day 11 Year 19 61			
5. SEX Male	6. COLOR OR RACE White	7. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 4, 1916		9. AGE (In years last birthday) 44 yrs.	IF UNDER 1 YEAR Months Days 	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman		10b. KIND OF BUSINESS OR INDUSTRY Seafood		11. BIRTHPLACE (State or foreign country) Tangier Island, Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Willard M. Laird				14. MOTHER'S MAIDEN NAME Daisy Pruitt			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 		17. INFORMANT Address Mrs. Rosie T. Laird--Tylerton, Smith Island, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Pat. hospitalized McCreedy Memorial Hosp. DUE TO July 1957 with diagnosis coronary occlusion. (c) 						INTERVAL BETWEEN ONSET AND DEATH Instantaneous	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> . Inspection <input checked="" type="checkbox"/> . Inquiry <input checked="" type="checkbox"/> . and find that death resulted from: Natural causes <input checked="" type="checkbox"/> . Accident <input type="checkbox"/> . Suicide <input type="checkbox"/> . Homicide <input type="checkbox"/> . Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE C. G. Rawley				M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED 1/12/61	
EXAMINER'S NAME (Type) C. G. Rawley, M.D.				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Jan. 15, 1961		22c. NAME OF CEMETERY OR CREMATORY Tylerton Cemetery		22d. LOCATION (City, town, or county) (State) Tylerton, Smith Island, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md.				24a. REC'D BY REGISTRAR Jan 20 61		24b. REGISTRAR'S SIGNATURE Arthur L. Evans	

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.



1136

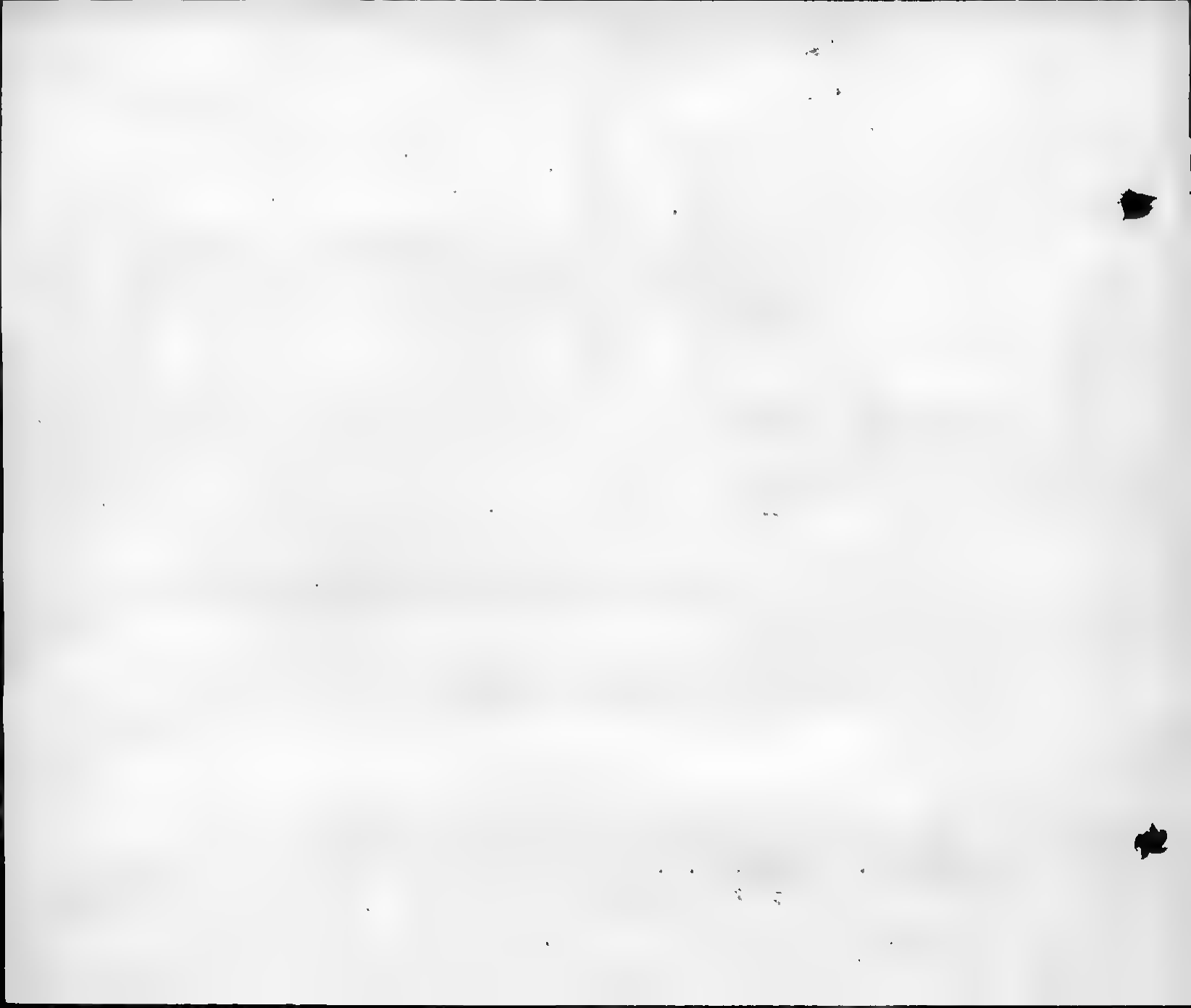
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 17, MARYLAND

CERTIFICATE OF DEATH

01123

Items 7, 9 Film 0278 1-10-61 et

1. PLACE OF DEATH a. COUNTY SOMERSET MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY SOMERSET	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 39 CRISFIELD	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EDW. W. MCCREADY MEMO. HOSP.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle E Last MILES		4. DATE OF DEATH Month JANUARY Day 2 Year 1961	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH approx. 62 yrs
10a. JSUA. OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY SEAFOOD	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ROBERT MILES		14. MOTHER'S MAIDEN NAME SARAH HOLLAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <input type="checkbox"/> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO	
17. INFORMANT ANNIE MILES, 7 MAIN ST., CRISFIELD, MD.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 572-1 DUE TO Coronary Thrombosis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Chronic Unilateral Intermittent pyo hydrophobic 3 yrs? (c) Post-dilatation valve wearo-colic fistula 5 yrs? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Coronary Thrombosis			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a m p m 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from 12/31 19 60 to 1/2 19 61 , that (I) (we) last saw the deceased alive on 1/2 19 61 , and that death occurred at 9 P. M, from the causes and on the date stated above			
22a. SIGNATURE Sarah M. Peyton		22b. DATE SIGNED	
22c. PHYSICIAN'S NAME (Type) SARAH M. PEYTON, M.D.		22d. ADDRESS CRISFIELD, MARYLAND	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF Jan. 8, 1961	23c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery	23d. LOCATION (City, town, or county) (State) Crisfield (Towson) Md.
24. FUNERAL DIRECTOR'S SIGNATURE Anthony E. Ward		25a. REC'D BY REGISTRAR 11/2 S. 4th St	
25b. REGISTRAR'S SIGNATURE Crisfield Md		DATE AN 5 '61	



TO HOSPITAL ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
ISM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 62124

1 PLACE OF DEATH o COUNTY <u>Towson</u> MARYLAND		2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o STATE <u>MD</u> b COUNTY <u>Su...</u>	
3 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Pocomoke City, Md</u>		c LENGTH OF STAY IN 1b <u>Read all life</u>	
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>None</u>		e STREET ADDRESS <u>RD 1 No 1</u>	
3 NAME OF DECEASED (Type or print) <u>Mary Elizabeth Pallett</u>		4 DATE OF DEATH Month <u>1</u> Day <u>13</u> Year <u>1961</u>	
5 SEX <u>F</u>	6 COLOR OR RACE <u>C</u>	7 MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8 DATE OF BIRTH <u>June 18, 1894</u>
9 AGE (In years last birthday) <u>66</u> yrs		IF UNDER 1 YEAR Months <u>0</u> Days <u>13</u> Hours <u>0</u> Min <u>0</u>	IF UNDER 24 HRS Months <u>0</u> Days <u>13</u> Hours <u>0</u> Min <u>0</u>
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11 BIRTHPLACE (State or foreign country) <u>MD</u>		12 CITIZEN OF WHAT COUNTRY <u>USA</u>	
13 FATHER'S NAME <u>Labbeon Pallett</u>		14 MOTHER'S MAIDEN NAME <u>Antoinette</u>	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16 SOCIAL SECURITY NO <u>0</u>	
17 INFORMANT <u>Horace Cottman</u>		Address <u>Pocomoke City, Md</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]			
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>331X Hemiplegia</u>			
(b) <u>Cerebral Hemorrhage</u>			
(c) <u>Hypertension - Senility</u>			
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Bronchitis</u>			
19 WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)			
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)			
20c TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 <u>Dec 3 1961</u>		20d INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	
20e PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Dec 3 1961</u> to <u>Jan 13 1961</u> that I last saw the deceased alive on <u>Jan 13 1961</u> and that death occurred at <u>12</u> M., from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>M. E. Sartorius</u>		DATE SIGNED <u>1/13/61</u>	
PHYSICIAN'S NAME (Type) <u>N. E. Sartorius MD</u>			
22a BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b DATE THEREOF <u>1-15-61</u>	
22c NAME OF CEMETERY OR CREMATORY <u>Tindberg Chapel</u>		22d LOCATION (City, town, or county) (State) <u>Pocomoke Md</u>	
23 FUNERAL DIRECTOR'S SIGNATURE <u>Edgar Wharton - New Church, Va.</u>		24a REC'D BY REGISTRAR <u>JAN 18 '61</u>	
		24b REGISTRAR'S SIGNATURE <u>C. L. S. Knaus</u>	

(M)

X

(I)



1
FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM-3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1138 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH
a. COUNTY Somerset
b. CITY OR TOWN (If out of corporate limits, write RURAL and give nearest town) Princess Anne
c. LENGTH OF STAY IN MARYLAND Lifetime
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) None

2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)
a. STATE Maryland
b. COUNTY Somerset
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne
d. STREET ADDRESS R.F.D. 3 Princess Anne, Md.
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print)
First Middle Last
Thomas Jefferson Smith Jr.

5. SEX Male
6. COLOR OR RACE Col.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH Oct. 5, 1899
9. AGE (In years last birthday) 61 yrs
IF UNDER 1 YEAR: Months 11 Days 11 Hours 11 Min. 1961
IF UNDER 24 HRS. Months 11 Days 11 Hours 11 Min. 1961

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Self Employed
11. BIRTHPLACE (State or foreign country) Venton, Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME Thomas Jefferson Smith
14. MOTHER'S MAIDEN NAME Sally Stockley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Corine Jones Address Oriole, Maryland

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Heart Disease
420.1 DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Sudden
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

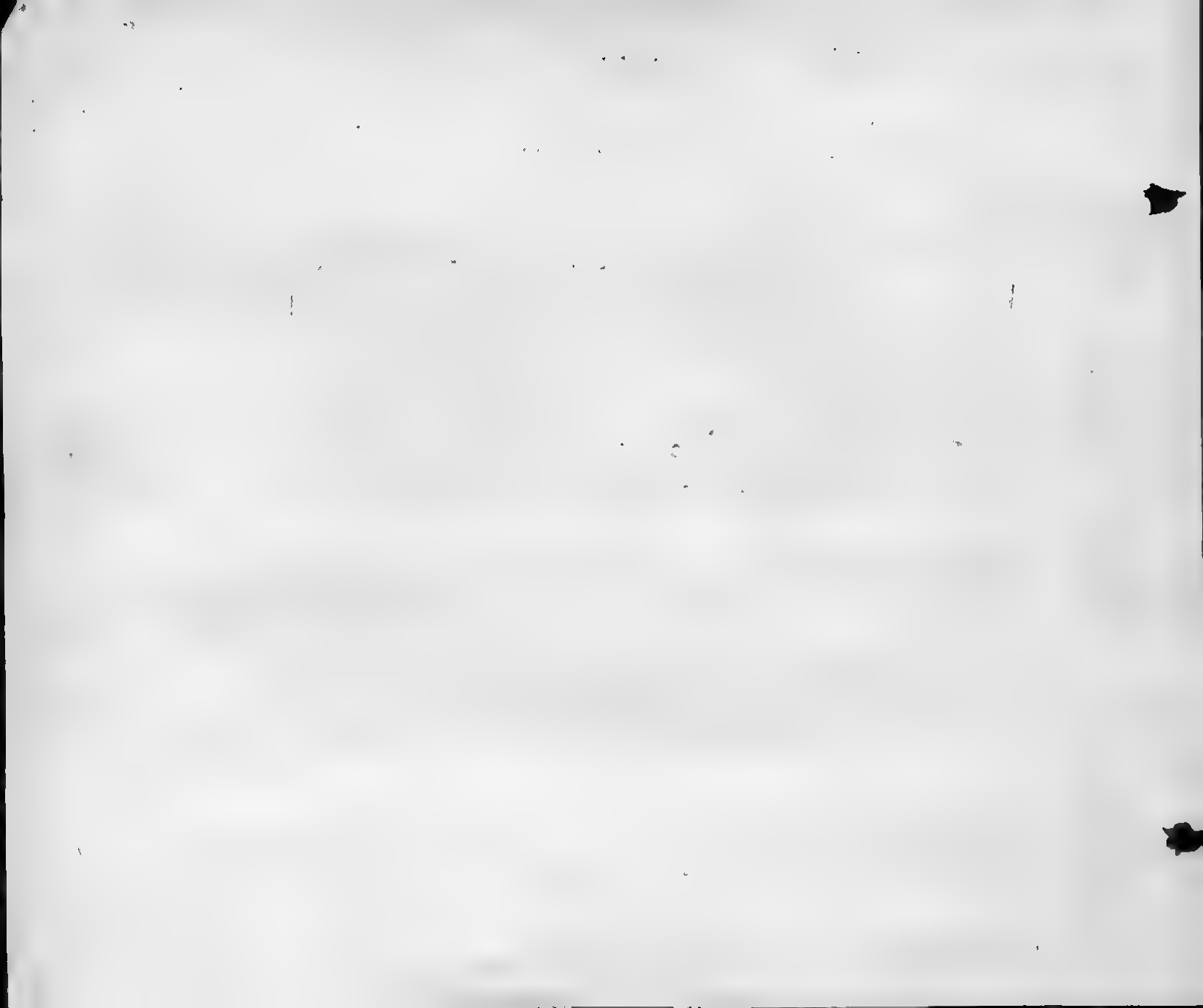
20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19
20d. INJURY OCCURRED While at work ☐ Not While at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ and in my opinion death resulted from. Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE R. H. Johnson M.D.
EXAMINER'S NAME (Type) R. H. Johnson
CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☒
DATE SIGNED Jan-13-61
Address (Street, city, town, or county)

22a. BURIAL, CREMATION, REMOVAL (Specify) Burial
22b. DATE THEREOF Jan. 15, 1961
22c. NAME OF CEMETERY OR CREMATORY Grace
22d. LOCATION (City, town, or country) (State) Venton, Maryland

23. FUNERAL DIRECTOR William H. Jones ADDRESS Princess Anne, Md.
24a. REC'D BY REGISTRAR Jan 19 '61
24b. REGISTRAR'S SIGNATURE W. H. Jones



TO DEPT. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an autopsy is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1139

11180

1. PLACE OF DEATH a. COUNTY <u>Somerset</u> b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>Pocomoke - Rural Route #1</u> c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Somerset</u> c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>Pocomoke - Rural Route #1</u> d. STREET ADDRESS	
3. NAME OF (Type or print) First <u>William</u> Middle <u>Clifton</u> Last <u>Spicer</u>		4. DATE OF DEATH Month <u>January</u> Day <u>26</u> Year <u>1961</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> 8. DATE OF BIRTH <u>5/15/1909</u>		9. AGE (In years last birthday) <u>51</u> yrs. IF UNDER 1 YEAR: Months <u> </u> Days <u> </u> IF UNDER 24 HRS.: Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Factory</u>	
11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Spicer</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth ?</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>221-10-4899</u>	
17. INFORMANT <u>Georgie Hearne</u>		Address <u>508 Young Street - Pocomoke, Md.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u> 443X Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause last. (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>2-3 years</u> <u>2-3 years</u>	
19. WAS AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Month, Day, Year <u>19</u> Hour a.m. <u> </u> p.m. <u> </u>	
20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> et work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) <u>Princess Anne, Maryland</u>		(County) <u> </u> (State) <u> </u>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: <u>Natural causes</u> <input checked="" type="checkbox"/> <u>Accident</u> <input type="checkbox"/> <u>Suicide</u> <input type="checkbox"/> <u>Homicide</u> <input type="checkbox"/> <u>Undetermined manner</u> <input type="checkbox"/>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
ACTUAL SIGNATURE <u>R. H. Johnson</u> M.D.		DATE SIGNED <u>1/26/61</u>	
EXAMINER'S NAME (Type) <u>R. H. Johnson, M.D.</u>		Address (Street, city, town, or county) <u>Princess Anne, Maryland</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Jan. 29, 1961</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Wardtown Cemetery</u>		22d. LOCATION (City, town, or county) <u>(Wardtown)-Pocomoke, Maryland</u> (State) <u> </u>	
23a. REC'D BY REGISTRAR <u>Edgar W. Barton</u> <u>New Church, Virginia</u>		23b. REGISTRAR'S SIGNATURE <u>Arthur L. Howard</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1140

CERTIFICATE OF DEATH

Reg. Dist. No.

61127

1. PLACE OF DEATH a. COUNTY SOMERSET MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) STATE MARYLAND b. COUNTY SOMERSET			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WENONA		c. LENGTH OF STAY IN 1b LIFETIME		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X WENONA			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION AT HOME				d. STREET ADDRESS MAIN ROAD		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HILDA Middle THOMAS Last THOMAS				4. DATE OF DEATH Month JAN Day 18 Year 1961			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR 6 - 1896	9. AGE (In years lost birthday) 64 yrs.	IF UNDER 1 YEAR Months 64 Days 0 Hours 0 Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEHOLD		10b. KIND OF BUSINESS OR INDUSTRY HOUSEHOLD		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME WASHINGTON WEBSTER			14. MOTHER'S MAIDEN NAME ALVERTA SHORES				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT MYRTLE WATERS		Address ORIOLE MD	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia 446X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) arterioneophrosclerosis DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 3 months years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) diabetis						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 9-29-58 , 19____, to 1-18-61 , 19____, that I last saw the deceased alive on 1-18-61 , 19____, and that death occurred at 5am M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) DAMES QUARTER, Maryland DATE SIGNED 1/19/61							
ACTUAL SIGNATURE Everett C. Sutter		M.D. DAMES QUARTER, Maryland					
PHYSICIAN'S NAME (Type) Everett C. Sutter MD							
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF JAN-20-1961		22c. NAME OF CEMETERY ST. PAUL'S CEMETERY		22d. LOCATION (City, town, or county) (State) WENONA MD.	
23. FUNERAL DIRECTOR'S SIGNATURE L. S. Webster		ADDRESS Princess Anne		24a. REC'D BY REGISTRAR DATE JAN 28 '61		24b. REGISTRAR'S SIGNATURE Charles L. French	

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1910

Name of Deceased		John Doe	
Sex		Male	
Age		45	
Date of Birth		Jan 15 1865	
Place of Birth		New York City	
Cause of Death		Heart Disease	
Date of Death		Jan 20 1910	
Place of Death		New York City	
Signature of Physician		[Signature]	
Signature of Registrar		[Signature]	
Signature of Coroner		[Signature]	
Signature of Burial Officer		[Signature]	
Signature of Minister		[Signature]	
Signature of Undertaker		[Signature]	
Signature of Witness		[Signature]	
Signature of Second Witness		[Signature]	
Signature of Third Witness		[Signature]	
Signature of Fourth Witness		[Signature]	
Signature of Fifth Witness		[Signature]	
Signature of Sixth Witness		[Signature]	
Signature of Seventh Witness		[Signature]	
Signature of Eighth Witness		[Signature]	
Signature of Ninth Witness		[Signature]	
Signature of Tenth Witness		[Signature]	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1141

11128

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Maryland b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b 66 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Peyton Road				d. STREET ADDRESS 1 Peyton Road		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DORA Middle GABLE Last THORNTON				4. DATE OF DEATH Month January Day 6, Year 1961			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 23, 1882		9. AGE (In years last birthday) yrs. 78	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Gable				14. MOTHER'S MAIDEN NAME Margaret Adams			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Wm. F. Thornton, 2901 Dunmore Rd., Balto. 22, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Toxic Myocarditis 422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Cystitis. Severe Arterial Degeneration DUE TO (c) Generalized Osteomyelitis						INTERVAL BETWEEN ONSET AND DEATH 5 days 10 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Generalized Osteomyelitis						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work of work		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from 5/4 1953 , to 6/6 1961 , that (I) (we) last saw the deceased alive on 12/31 1961 , and that death occurred at A.M. , from the causes and on the date stated above.							
22a. SIGNATURE A. N. Barr				22b. DATE 1/7/61		22c. PHYSICIAN'S NAME (Type) A. N. Barr, M. D.	
22d. ADDRESS Main St., Crisfield, Maryland				22e. MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Jan 8, 1961		23c. NAME OF CEMETERY OR CREMATORY Asbury ME Cemetery		23d. LOCATION (City, town, or county) (State) Crisfield, Maryland	
24. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons, Crisfield, Maryland				25a. REC'D BY REGISTRAR DATE JAN 13 '61		25b. REGISTRAR'S SIGNATURE Arthur L. Hines	



MEMORANDUM FOR THE RECORD

1941

1941

1. [illegible]	2. [illegible]	3. [illegible]	4. [illegible]
5. [illegible]	6. [illegible]	7. [illegible]	8. [illegible]
9. [illegible]	10. [illegible]	11. [illegible]	12. [illegible]
13. [illegible]	14. [illegible]	15. [illegible]	16. [illegible]
17. [illegible]	18. [illegible]	19. [illegible]	20. [illegible]
21. [illegible]	22. [illegible]	23. [illegible]	24. [illegible]
25. [illegible]	26. [illegible]	27. [illegible]	28. [illegible]
29. [illegible]	30. [illegible]	31. [illegible]	32. [illegible]

